



CONSENT AND MEDICAL FITNESS FORM FOR OFF-SITE ACTIVITIES

INFORMATION FOR PARENTS/CARERS

Please complete the questions below and sign the consent.

The personal and medical information requested is to ensure that a proper duty of care is possible during off-site visits.

Details of Visit:	Taize Pilgrimage	Date:	14 th July – 23 rd July 2018
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PERSONAL DETAILS

STUDENT INFORMATION				PARENT/CARER INFORMATION		
Surname		Form		Name		
First Name				Address		
Address					Post Code	
					Telephone Day	
Post Code				Telephone Evening		
Date of Birth				Mobile		
Doctor				ADDITIONAL EMERGENCY CONTACT		
Surgery Address				Name		
				Relationship		
				Address		
Surgery Telephone				Telephone		

MEDICAL INFORMATION

If your son/daughter has a medical condition of any sort, please discuss it with your family doctor before completing the form. Medical conditions would not normally exclude your son/daughter from participating in activities. It is important that your son/daughter is accompanied by any medication necessary and that we are made aware of this. Please make sure that they have enough medication with them.		Please ✓ as appropriate	
		Yes	No
Has your son/daughter had any serious illness in the last 2 months?			
Is your son/daughter recovering from an accident, injury or fractured bone?			
Does your son/daughter have:	Epilepsy or convulsions		
	Diabetes mellitus		
	Asthma		
	Heart Disease		
	Any allergies		
Is your son/daughter on any medication? (If Yes, give details below)			
If the answer to any of the above questions is Yes , please give details here (detailing dosage and frequency of any medication)			
Do you consider your son/daughter to be medically fit now?		If NO, give details here	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your son/daughter been inoculated against TETANUS? ✓		Date of last injection if known	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL TREATMENT DURING VISITS

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, pulled muscles, coughs & colds, insect bites, etc. With your permission, the Centre staff will treat these ailments with "off the shelf" products from a chemist. For example, the following items are available: paracetamol, muscle relaxant cream/spray, witch hazel, throat lozenges, petroleum jelly, cough mixture, antiseptic cream, calamine lotion, adhesive plasters, insect bite antihistamine.	Please ✓ as appropriate	
	Yes	No
Are you willing for your son/daughter to be treated with "off the shelf" medication? Professional help would be sought for any more serious conditions and we will contact you by telephone.		
Are you willing for your son/daughter to undergo emergency treatment from a doctor or hospital should this be necessary?		
Consents for procedures to take in an emergency ✓ as appropriate	<input type="checkbox"/> I give my consent <input type="checkbox"/> I do not give my consent For a member of staff to administer the above medication which I will deliver to the Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.	
	<input type="checkbox"/> I give my consent <input type="checkbox"/> I do not give my consent For my son/daughter to self-administer the above medication.	

DIETARY INFORMATION

Does your son/daughter have any individual dietary needs (including vegetarian foods)? Please give details:

SWIMMING ABILITY

Some water sports activities are suitable for non-swimmers. Participation will often increase the confidence of a non-swimmer and his/her willingness to learn to swim.		
Please indicate your son/daughter's ability in swimming pool conditions (✓ as appropriate)	Non-swimmer	
	25 metres	
	50 metres +	
Are you willing for staff to make decisions related to your son/daughter's participation in water sports? (✓ as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PHOTOGRAPHS

Photographs are often taken on school trips for use within school and for event reports on the school website and magazine, etc.	
I give consent for the use of photographs from this trip which include my child for the reasons detailed above (✓ as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/CARER DECLARATION

<ul style="list-style-type: none"> I have listed any medical or other conditions concerning my son/daughter that might affect the duty of care expected during the off-site visit. I undertake to inform the Group leader/Headteacher of any changes in the medical or other circumstances of my son/daughter before the date of departure. I have received information about the programme and agree to his/her taking part in all the activities unless otherwise stated. I acknowledge the need for my son/daughter to behave responsibly. 			
Signature of parent/carer		Date	
Print Name		Relationship to participant	